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## ORIGINAL DEPARTMENT.

### LECTURE.

#### ON PROLAPSE OF THE WOMB FROM ELONGATION OF THE SUPRA-VAGI- NAL PORTION OF THE CERVIX.

BY WILLIAM GOODELL, A.M., M.D.,

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Children in the University of Pennsylvania.

While our patient is getting her ether in the waiting-room let me briefly give you her history. Bridget A. professes to being but thirty-seven years old, although she looks fully forty. She has been married for seventeen years, and has borne eight children, the youngest of whom is three years old. All her labors were easy and her gettings up natural, save the last one. This one was delayed by metritis, and by an attack of intermittent fever, which yet lurks in her system, and breaks out on the slightest provocation. She never afterward felt like herself, or found herself altogether free from "the whites" and from "bearing-down feelings." Before long a tumor began slowly to protrude, more and more, from the vulva. It was and still is reducible, but, when returned into the vagina and kept there by a pessary, it gives her so much pain that she prefers to let it hang outside, unsupported. Menstruation is free, micturition painful, and the urine, no longer voided in a jet, dribbles over her person. She straddles in her walk, and complains very bitterly of the constant dragging weight, which keeps her from active housework, and is, as she says, wearing her life out. Her conjugal relations are impaired, and this is, of course, another source of domestic trouble.

When admitted, two weeks ago, into this hospital, she looked very decidedly cachectic, and was much reduced by night sweats, and by a diarrhoea of some weeks' standing. She was put to bed, and treated by large doses of quinia, and by frequently-repeated quarter-grain doses of the silver nitrate, guarded by one-twelfth of a grain of opium. Under the use of these remedies her complexion has cleared up, her diarrhoea is under control, and her strength has so far returned as to permit her now to be brought before you for an operation of some severity.

As I separate her thighs, all of you, even those on the furthest benches, can see this unsightly tumor projecting from the vulva. It is cylindrical in form, rugous in front, and smooth behind. It looks uncommonly like the penis of a horse, and the resemblance is heightened by an apparent meatus urinarius at the apex. The sound, introduced into this opening, passes a distance of a little over five inches up what is evidently the uterine canal. The perineum is greatly relaxed, the vagina wholly inverted. Partly overlapping it and the cervix lies a true excavated ulcer, attributable, as I believe, to the friction of the clothing, to exposure to the air, and to the scalding of the dribbling urine.

I cannot pass this sound into the bladder the usual way, but on turning its concavity downward I find that it slips in readily enough, and I now feel its tip outside of the body, and at a point not half an inch from the apex of the tumor. Clearly, then, a portion of the bladder and the anterior wall of the vagina form the front and rugous half of the tumor. By passing my index finger into the rectum I can

hook it into the posterior wall of this tumor. In other words, there is also a pouch of the anterior wall of the rectum in this protruded mass. Then, again, you all know that the peritoneum is so closely fused to the posterior *cul-de-sac* of the vagina, that the descent of the latter must needs drag down a fold of the former.

So far, good. We have learned that the cervix uteri, the inverted vagina, a pouch each of the rectum and the bladder, together with a fold of peritoneum, go to make up this hernial mass. We are, as schoolboys say, getting warm; but what is it? Now there happen to be just four morbid conditions in which the whole womb, or some portion of it, appears outside of the vulva: (a) Inversion of the womb. (b) A simple descent or prolapse of the womb as a whole. (c) Prolapse of the womb from hypertrophic elongation of the vaginal portion of the cervix. (d) Prolapse of the womb from elongation of the supra-vaginal portion of the cervix. Since, very unfortunately, the last three are called by the same general name, that of *prolapse of the womb*, and are accordingly mistaken the one for the other, and since also each one of these four disorders needs its own special treatment, it is of vital importance to determine which one it is. There must be no mistake made here.

Let us reason this matter out. It cannot be the vaginal cervix unduly elongated, for then it, and it only, would form the tumor; nor would the vagina be inverted. Nor can it be either an inverted womb or a simple prolapse of the same organ, because the sound showed not only a uterine cavity, which does not exist in cases of inversion, but one of preternatural length, which places the fundus high up in the pelvis, and it therefore cannot be prolapsed. Again, by firmly compressing the base of the tumor, one can trace high up the stem-like cervix, which feels about the size of one's little finger. The conclusion is, then, inevitable, that the case before us is that most common variety of uterine prolapse, technically termed *prolapse of the womb from hypertrophic elongation of the supra-vaginal portion of the cervix*. In other words, there is a descent of the vaginal cervix without any descent of the fundus, and, consequently, that portion of the cervix above the vaginal collar of attachment must be lengthened out.

Of course, as intelligent men, you will next wish to know the nature of this disease and its

causes. Unfortunately these are not so readily given, for it yet remains a moot point whether this elongation is owing to growth or to traction. I incline to the opinion that it is the conjunction of traction and growth—traction mainly, and growth secondarily—that works the mischief. I have not the time for a lengthy discussion on this subject, nor would our patient be the better for it; but suppose that a woman's lying-in has been complicated by some uterine or pelvic lesion, such, for instance, as parametritis or as perimetritis, and this is the usual history of these cases, there will often follow a permanent arrest in the process of involution, both in the womb and the vagina. Even that great abutment of the vaginal column, the perineum, remains lax and limp. Unsupported by the perineum, the now thickened and heavy vagina, and with it the bladder, to which it is closely fastened, tend to sag down and drag with them the womb. Now, if the uterine stays yield to this traction, the result is a simple descent of the womb as a whole, and we get a prolapse proper of the womb. But, should the uterine stays resist this traction, then that portion of the non-involuting, or of the otherwise congested, soft, and ductile womb, lying between them above and the vaginal attachment below, is stretched out. By the constant dragging of the vagina and bladder upon their belt of attachment, the veins of the presumed softened cervix become constricted, and the blood stasis thus induced gives an excess of pabulum to the part, and growth ensues.

This interpretation may not be the correct one, and the elongation may arise less from traction than from growth. But the main question after all is, Can this woman be cured? She can be; of that I am sure, for have I not promised her that she shall be made as good as new? Could her womb be released from the constant dragging of the vagina and the bladder, the cervix would undoubtedly shorten. You might, then, infer that the proper treatment here is to keep up the unstable pelvic organs by some properly constructed pessary. Theoretically you would be right, but practically you will find that when the womb is stretched out so far as to peep out of the vulva, the pressure of a pessary can rarely be borne by the patient; for when the womb is then returned into the vagina its stem-like neck is forcibly bent double. This I have tested so frequently, and by so many varieties of pessary, that I can

speak authoritatively. Were this woman, on the other hand, put to bed, and kept there for many weeks, she might possibly get well. The womb would, undoubtedly, shrink back, but, like an over-stretched rubber band, it would never become so small as when in health, and would tend to return to its morbid condition whenever the upright position is assumed.

What we here need, in order to effect a cure, are a good perineal support to the vagina, and a structural change in the ductile womb. The latter indication is met by removing the vaginal, the only removable portion of the cervix; the former, by constricting the vulvo-vaginal opening. The fillip thus given to the dormant uterine and vaginal tissues, and the prolonged suppuration needful for repairing these tissues, set up the process of involution, which will shorten and consolidate the whole uterine body, and thin down and tone up the thickened and flabby vagina. Besides all this, the vaginal column gains a firm foundation in the new perineum.

But the cervix happens to be a very vascular body, and in its erectile tissue it is no easy matter to catch up and tie a bleeding vessel. So it is best amputated, either by the cold wire of the *écraseur* or by the red-hot wire of the galvanic battery. But, whatever the instrument, the operation is attended with the risk of cutting off a piece of the bladder or of the retro-uterine pouch of peritoneum. Of the two modes of operating I much prefer that with the hot wire, because the cut is cleaner, and the risk less of dragging into the line of incision important neighboring organs.

Placing the woman in the lithotomy position, with the thighs supported by two assistants, I first draw off her water, and next proceed to dilate the urethra. By gently stretching open this short and elastic tube by means of a uterine dilator, I am able in a few minutes' time to coax in my little finger. With it the lower boundary of the bladder can be accurately mapped out, and, as you plainly see, its tip reaches down to within half an inch of the end of the cervix. With such precautions the bladder should always escape the bite of the wire, but not so with Douglas's pouch. There are no landmarks by which to gauge the depth of this peritoneal fold, and the mishap of its injury has happened to the best operators—with no great risk to life, however, if every case has been honestly reported.

Guided by the finger tip, I now transfix the cervix antero-posteriorly with a platinum skewer, entering it just below the lower margin of the bladder, and slanting it upward and backward so that its point shall emerge on a higher level, but not high enough to reach the rectocele. That portion of the cervix lying on the bladder side of the skewer is now noosed in the loop of the battery. While my chief assistant, Dr. Bray, gradually tightens the wire, I carefully feel with my little finger whether any portion of the bladder is nipped. Its walls are out of harm's way, of that I am sure. Would that I could affirm the same thing of the peritoneal fold, but that must be left to chance.

For reasons before stated, I prefer the hot wire. Yet, when called to a distance to perform this operation, as the battery is bulky and its acids dangerous to carry about, I always use the wire—*écraseur*. But the cold wire does not readily cut through the tough mucous membrane, and, besides, it tends to slip in the direction of least resistance, dragging in the tissues of that side. To remedy these defects, a groove should be cut around the cervix directly in front of the skewer, viz., between the skewer and the os, and the wire laid in it. A second skewer may also be passed at right angles to its fellow.

The wire will now be connected with the battery, and its loop kept taut, and not above a red heat. As soon as the thick mucous membrane has been burned through, I make firm traction at the os with a volsella, and counter-pressure with the electrode. This lengthens out the ductile cervix and brings down more of it to be cut off. See how bloodlessly we have cut through this very vascular body. From the traction made on it, the amputated portion of the cervix is conical, while the seared stump is cup-shaped. From alternate heatings and coolings of the wire, the cut surface also shows concentric circles, like those summer and winter rings by which the age of a tree is told.

My past experience in these cases, and it is not small, assures me that this operation will be successful in reducing the womb to its natural size. It may at the same time also cure the dislocation of the vagina and bladder. For you will bear in mind that the fundus of the womb has not sagged down, and that the same stays that have hitherto sustained it, and which by their firmness have, in my interpretation, caused the lengthening out of the cervix, will afterward, in a measure, sustain

also the vagina and bladder, through the medium of the constricted and consolidated cervix. Since, however, the vagina is much relaxed, and the perineum, although anatomically whole, is functionally imperfect, it will be more prudent to narrow the vulvar outlet, and give the vaginal column a firmer base of support. This operation I cannot perform before you to-day, because my hour is up. But it is the same as that for laceration of the perineum, and one which you will have repeated opportunities of seeing me perform this winter.

As soon as this second operation is over, and I shall do it at once in my private room, our patient will have her knees bound together and be put to bed. When pus begins to form, the vagina will be washed out once or twice a day by carbolyzed lotions. On this day week all the perineal stitches will be cut, and for two weeks, at the very least, the woman will keep her bed. If left to itself, the cervical wound will not skin over under four or five weeks' time, but the healing process will be hastened by vaginal suppositories of tannin and opium, or by an occasional touch with the silver nitrate. Should the os uteri tend to close, as it sometimes does, through cicatricial contraction, it will be stretched open by the uterine dilator. Finally, in one month's time, if all goes well, our patient will return home a sound woman.

## COMMUNICATIONS.

### RELATIVE STRABISMUS.

BY CHARLES M'INTIRE, JR., M. D.,  
Of Easton, Pa.

Read before the Northampton County Medical Society, December Meeting.

I desire in this paper to call your attention to a condition of the eyes which, I think, is of more frequent occurrence than any of us would admit on first sight, and very briefly and incompletely to discuss its etiology, which will direct us to the proper method of diagnosis and treatment.

A strabismus may be described as that condition in which, when a person fixes any object, the prolongation of the visual line of one eye only would reach that object. For illustration, imagine a line drawn from between the eyes, lying in a plane perpendicular to the plane of the forehead, and the object to be on this line. If the person looks at the object, the prolongation of the visual lines can intersect the line in

only one of three relative conditions: 1. They can mutually intersect at the object (certain anomalies and refraction cause exceptions to this, which it is not necessary to consider here). 2. The line from one eye intersecting at the object, that of the other at a point nearer the person than the object; this causes the condition known as convergent strabismus. 3. While the visual line of one eye intersects at the object, as in the second case, that of the other eye intersecting at a point beyond the object, it may be so far away as to be at an infinite or even a negative distance; this condition forms the divergent strabismus.

Now these are conditions, symptoms, not a disease. It is necessary, therefore, to search further to find the disease of which it is the symptom. Taking strabismus in its most extended meaning, we can roughly divide its cause into two grand classes: 1. Those cases where there is a paralysis or spasm of some of the motor muscles of the eye, or some substance, *e. g.*, a tumor pressing on the eyeball, limiting its motions in certain directions. 2. All remaining cases which are not caused by such conditions. To this latter class, called by Von Grafe strabismus concomitans, the term strabismus is usually applied. Possibly every one of us can recall people of our acquaintance, whose eyes, while straight enough ordinarily, develop a strabismus when employed on close work, *e. g.*, reading, embroidery, etc., lasting for a longer or shorter time, then disappearing. It may be that we have been able to follow up the history of the person, changing through successive steps from a relative to a permanent squint; if they have not as yet done so, the probabilities are that they will, if left to themselves, of course, so change.

This relative squint may be either convergent or divergent; in the former case it is frequently known as *periodical*. It is a clinical fact that the majority of cases of convergent strabismus are associated with hypermetropia, and the divergent variety has myopia as an associate condition. Is this anything more than a coincidence?

It is a well-known fact that there is a certain degree of coordination between the movements of the ciliary muscle and the motor muscles of the eye, more especially of the internal rectus, so that a definite relation exists between the amount of accommodation and the degree of convergence. With an emmetropic eye this



relation is such as to cause each eye to be focused on that place where the visual lines, prolonged, intersect. With a hypermetropic eye, however, since the accommodation has to be exerted even to receive parallel rays on the retina, it must be used in a still greater degree to view near objects. For example, a hypermetrope may have to use as much accommodation to see an object at four feet as would an emmetrope at three feet; but the degree of convergence following the amount of accommodation, the eyes would be directed to the three-foot point and not to the four, while they would be focused for the *four-foot point*. This would cause the images to fall on dissimilar portions of the retinae, and two objects would be seen. The hypermetrope in this instance has the choice of relaxing his accommodation, having as a result indistinct images; or, throwing the extra convergence on one eye, causes the image to be thrown upon a less sensitive portion of the retina, fixes the object with the other eye, suppresses the fainter image, sees distinctly, and squints. Since, however, there is some independence of action, this condition will not be noticed in every case of hypermetropia.

There are certain circumstances which help to determine not only whether there will be a squint or less distinct images, but also whether this strabismus will at first be periodical or not. Among those things predisposing to strabismus are, congenital difference in the acuity of vision, or in the refractive condition of the two eyes; peculiar structure or innervation of the muscles of the eye, and easy mobility of the eye inward.

In the next place let us imagine the effect of this relation between accommodation and convergence in myopes. Here, as we know, with accommodation at rest, the eye is adjusted for diverging rays, that is, for nearer objects than the emmetrope. But, with the eye at rest, there will be no convergence, and the eyes will not be directed to the object for which they are focused. This condition is the reverse of that found in the hypermetropic eye. Here, then, we have the muscles for convergence used to a greater degree than the ciliary muscle. This strain on the internal rectus is made greater by the elongated form of most myopic eyes, which not only causes the eye to be moved with more difficulty, but also the relative insertion of the muscle causes it to be able to exert less power. In time the fatigue becomes so great that the muscles give out, one eye is directed at the ob-

ject, the other is given up to the action of the external rectus, and it deviates outward; all the more will this happen should there be an insufficiency of power in the internal recti.

These, then, are the conditions which are shown forth by the majority of cases of strabismus. In all cases the examination of the refractive condition of the eye should be made. And the treatment is not necessarily a tenotomy in every case, especially in the kind of squint now under consideration. Frequently, by the proper adjustment of glasses, the condition can be so altered as to allow nearly a normal relation between the accommodative and converging power to be exercised, thus doing away with the symptom and preventing its occurrence.

#### CHLORAL HYDRATE IN SCALDS AND BURNS.

BY S. S. RIDDELL, M.D.,  
Of Chippewa Falls, Wis.

Early in the morning of November 14th, 1876, as I was starting on my regular round of visits, a man rode up on horseback in great haste, and summoned me to visit his brother at once, who, he stated, had been badly scalded in the face and eyes.

I had long since determined to try the effects of hydrate of chloral in such cases, and therefore provided myself with the following mixture, in addition to the ordinary opiates, etc., viz:—

R Hydrate of chloral,  $\overline{\text{ʒ}}\text{ij}$   
Carron oil,  $\overline{\text{ʒ}}\text{vj}$ . M.

Sig.—Use as directed.

and proceeded to a farm house, distant six miles, where my patient (James Hedrington, aged eighteen) lived. On inquiry I learned that he was sitting near the stove, his elbow resting on his knee, and his hands supporting his chin, when the contents of a tea kettle and a teapot, both full and boiling, were accidentally precipitated in his face. Molasses had been smeared over the face previous to my arrival. On entering the room, the young man was pacing the floor, his gait a little unsteady, the pain being so great as to call forth moans and cries. On removing the molasses from his face, and making an examination, I found that the face and one eye were badly burned, the skin hanging in shreds from his forehead to his chin; one hand very slightly injured; pulse 96; respirations rapid (not counted); mind slightly confused. I at once applied the hydrate of chloral and carron oil mixture freely, by means

of cotton wool, forming a complete mask, leaving no opening except for respiration and for the mouth. At first there was a sharp, stinging sensation, lasting not over from one-half to one minute, followed by a rapid diminution of pain. *Within ten minutes after my arrival at the house, the patient (with the exception of a slight burning sensation in the left eye) was free from pain, and within twenty minutes was asleep.* I exhibited, in connection with the local treatment, about twelve grains of bromide of potassium, every four hours, for a few days. Opiates were entirely unnecessary. The result of the use of hydrate of chloral was almost an entire absence of pain after the first application, and a continued drowsiness at first, which diminished as the case improved. During the first four days there was considerable swelling of the face, the eyelids being oedematous and closed, and profuse lachrymation, after which the swelling rapidly diminished, the appetite (which was absent at first) commenced to return, and the case rapidly convalesced, the left eye remaining somewhat injected, which finally passed away without unpleasant consequences. The patient, ten days since, was *well*, with no perceptible scars. The success of the use of hydrate of chloral in this case was so marked that I shall feel encouraged to extend its use in similar cases. It may be that the shock, on first applying the mixture, would be too great in cases where very large portions of the surface of the body were affected. The chloral could be added to Dr. Buck's, Mr. Rice's, or a number of other "burn mixtures," as might be thought best. If I have ever read anything with regard to the similar use of hydrate of chloral in cases such as I here report, it has slipped my memory, and if other physicians will give it a fair trial and report results I shall be more than repaid for making this report.

### ON VACCINATION WITH BOVINE VIRUS.

BY W. F. MUHLENBERG, M. D.,  
Of Reading, Pa.

The following table shows the result of some experiments made with bovine virus. The quill was used entirely, and was procured from the Pennsylvania vaccine farm of Dr. B. Rush Senseny, the agency of which is at the office of the MEDICAL AND SURGICAL REPORTER.

The method of vaccinating was the following:

A number of cross cuts were made, if possible, only through the epidermis, which was then scraped off until a sufficient quantity of serum had exuded. The quill, moistened with a drop of water, was then rubbed over the denuded surface for about a minute, and then the scarification on the arm was thoroughly dried before the sleeve was permitted to be put down. In primaries, two and three separate scarifications were made; in secondaries only one.

What we considered successful vaccinations were those results that fully came up to the requirements laid down in the text-books.—A large areola, an umbilicated vesicle changing gradually to a pustule, axillary tenderness, slight constitutional disturbance, and a systematic drying up of the scab, which should not fall off before, at least, the third week. All of the cases that did not meet all of these requirements were derominated failures.

AGE.	MALES.						FEMALES.					
	Number of Primary Vaccinations.	Number of Successful Primary Vaccinations.	Number of Failures in Primary Vaccinations.	Number of Revaccinations.	Number of Successful Revaccinations.	Number of Failures in Revaccinations.	Number of Primary Vaccinations.	Number of Successful Primary Vaccinations.	Number of Failures in Primary Vaccinations.	Number of Revaccinations.	Number of Successful Revaccinations.	Number of Failures in Revaccinations.
Under 1 yr	6	6					5	3	2			
Between 1 and 2	2	2					3	2				
2 and 3	2	2					14	14				
3 and 5	9	8	1									
5 and 7	11	11					9	7				
7 and 10	9	9					7	7				
10 and 15	2	2					4	4				
15 and 20	1	1										
20 and 30							1	1				
30 and 40												
40 and 50												
50 and 60												
60 and 70												
	46	41	5	144	111	33	49	45	4	161	115	46

Total number of primary vaccinations, 95. Successful, 86; failures, 9. Showing a percentage of success of 90.52 per cent.

Total number of revaccinations, 305. Successful, 224; failures, 81. Showing a percentage of success of 73.44 per cent.

Total number of vaccinations, 400. Successful, 310; failures, 90. Showing a percentage of success of 77.5 per cent.

There were several factors that militated against the attainment of better results. In the first place quite a number of the children were vaccinated in crowds, and on this account, the room not being large, the virus was rubbed off before it became thoroughly dry. Secondly, the different characteristics of the true skin in children must have had some effect. In some, the true skin is so thick that it hardly seems capable of absorbing the virus, while in others

this is so delicate that the slightest incision will cut through it, and thus draw so much blood that the virus is washed out.

Twenty-one of those vaccinated had previously had variola or varioloid, still thirteen of them took genuinely.

One striking peculiarity of bovine virus is its slowness of action. Very frequently as late as the seventh day after vaccination, no trace of it could be discovered, and yet, at the next visit, the genuine vesicle showed itself. Another peculiarity is that the scab rarely falls off before the end of the fourth week, and if, at that time, it becomes loosened for a day or two, soon again becomes adherent, and remains attached to the arm for six or seven weeks. After the first scab has fallen off, frequently a second one arises, especially if any force has been used in detaching the first, and remains on the arm four or five weeks longer. In quite a number of cases, it was distinctly noticeable that the centre of the scab, in appearance like the head of a rivet, extended one-quarter or one-third of an inch into the muscle beneath, and was to be detached only with great difficulty. The areola is much larger, and the constitutional disturbance much greater than after the use of the humanized virus. No bad effects resulted in any of the cases, although in a few the constitutional disturbance was very great. High fever, lameness of the arm, and an involvement of the cervical lymphatics were the marked symptoms. A mild purgative and some febrifuge seemed to dissipate these symptoms in a few days. As yet, none of those who have been successfully vaccinated have suffered from variola or varioloid, although it has been raging in Reading for the past few months; still, the time has been too short to judge completely of the protective power of bovine virus.

If no other reason would lead us to employ bovine virus, it would be the fact that no tubercular or syphilitic disease can be propagated by it.

[It is with much satisfaction that we give publicity to the above statistics. General vaccination by bovine virus, in place of humanized, is a measure which now numbers among its advocates the most eminent sanitarians of the day. There are a number of establishments whence genuine and fresh lymph, in portable forms, can be obtained, and the chief obstacle to its introduction has been the care required in its use. Such articles as the above are just what is wanted.—ED. REPORTER]

## HOSPITAL REPORTS.

### PENNSYLVANIA HOSPITAL.

CLINIC OF PROFESSOR J. M. DA COSTA,  
NOVEMBER 18TH, 1876.

REPORTED BY FRANK WOODBURY, M. D.

#### Autopsy in a Case of Chronic Dysentery—Points of Diagnosis and Treatment.

GENTLEMEN:—Before bringing any new patients before you this morning, I will invite your attention to the post-mortem results of a case of malaria with persistent diarrhoea, which was shown you only a week ago to-day, and which, during the progress of the disease, was interesting, from the fact that it strongly simulated enteric fever. The spots on the abdomen, the frequent discharges, the acute nature of the attack, he having been seriously ill only three weeks before admission, all suggested this diagnosis; but the temperature record, taken in conjunction with the want of tympany, and, above all, the absence of cerebral symptoms, led us to believe that, however similar to typhoid the disease might be, it was in reality a local one; and from its resisting ordinary astringents, and from the frequency and character of the dejections, we concluded that there must be a condition of chronic ulceration of the large bowel.

One of the points of considerable interest in connection with this diagnosis was, that we were unable to detect anything like marked tenderness upon deep abdominal pressure. For a brief period hypodermic morphia injections into the abdominal wall controlled the diarrhoea better than either opiates or astringents had been previously able to do, but not to dwell on the history, the patient gradually sank, and finally, his stomach rejecting all nourishment, hiccough came on, and he died from debility.

Referring to the specimens, you will notice that the small intestine shows no marked change, but in the large bowel is seen a mass of disease characteristic of chronic colitis.

Should the question be asked, Is this a common lesion? I answer that such extensive ulceration of the large intestine is an unusual appearance in civil practice. While in chronic dysentery it is the large and not the small bowel that bears the brunt of the disease, such a marked lesion as the one before you is extremely rare under ordinary circumstances. But this recalls the results of the dreadful camp diarrhoea of soldiers, from which so many suffered in camp and prison, and which is closely connected with improper food and want of hygienic precautions. In such cases many ulcers exist in the bowel, sometimes leading to perforation and fatal peritonitis.

One other point is noticed in examining the intestine: the mucous surface of the rectum becomes, as it descends from the sigmoid flexure, more smooth and natural, showing patches of disease here and there, but nothing like the

part above. This accounts for the entire absence of tenesmus, that was noticed during the progress of the malady.

The case having been markedly malarial, the evident enlargement of the spleen is fully explained, and, indeed, was noticed during life, the note reading, "Splenic dullness extends below the costal border." (Weight of spleen fourteen ounces.)

The liver shows some disease, while its size does not differ materially from the normal standard, nor is there any obvious departure from health in the physical conformation of the organ. But on section, two curious whitish spots or masses are revealed in the hepatic substance, which are not very hard, and are surrounded by healthy tissue. These can be only one of two kinds: they are either cancer just beginning, or small abscesses, pyæmic in character, which have become surrounded by a good deal of hardening, due to excessive plastic exudation.

A microscopic examination would decide this at once, by revealing the characteristic stroma and cancer juice, rich in cells, if the first supposition be true; but if it did not, I would take the other as the more probable view, taken in connection with the lesion in the lower bowel, with which metastatic abscesses in the liver are constantly associated. The morbid material is carried by the radicles of the mesenteric veins into the portal veins, and then is deposited in the liver, to become a focus of disease. The very fact that you have the clinical coincidence of colitis with these formations, warrants the view that they are pyæmic, and not cancerous. But it would scarcely be fair to dismiss this subject without presenting another hypothesis. Is this tubercle? In truth it does not look unlike cheesy tubercular masses, but I doubt if tubercle ever exists in the liver without co-existing elsewhere in the body, which was not the case in our patient. Tubercle, also, when in the liver, is mainly a surface trouble; though, it is true that it may be found in the parenchyma, but in such cases it is always associated with superficial deposit. Therefore, from the location of these masses, the rarity of hepatic tubercle, the impossibility of tubercle being limited to the liver, without manifesting itself elsewhere, we will hold that these are metastatic abscesses, the result of morbid material having been washed up into the liver, and here acting as centres of secondary inflammation.\*

We pass from this to the specimens from a case of

**Death from Heart Clot and Pulmonary Apoplexy,  
in a Case of Aortic Insufficiency with  
Peculiar Mitral Murmur.**

The patient never had rheumatism, but had been at times very intemperate. The first symptom noticed was swelling of the ankles, and subsequently difficulty in breathing amounting to orthopnoea. But I will not dwell on this case, as he had not been before the class; it will

\* This view was subsequently confirmed by microscopic observation.

be sufficient to say that during life a double murmur existed at the aortic opening, and systolic mitral bruit was distinguished at the apex. There was also pericardial effusion, with signs of cardiac hypertrophy and dilatation. He had ascites, oedema of the lower extremities and scrotum, and, during the last few days, dropsy of the right arm and right side of the face (this was the side that he lay upon). He was troubled toward the last with congestive hæmoptysis and vomiting. While sitting on the side of his bed, gasping for breath, he fell to the floor and expired.

On examining the heart we notice enormous distention; its cavities were filled with a large recent clot, and the pericardium contains a pint of bloody serum. This is dilated hypertrophy, with dilatation predominating. In truth, the muscular wall of the right ventricle is not much thicker than in health; the tricuspid valves are normal, or nearly so. On the left side there is also dilatation, but associated with a certain amount of hypertrophy. The aortic valves are degenerated by disease, and in part destroyed, so that they must remain open. This is the result of atheromatous deposit, which is still visible in the walls of the aorta.

Summing up the symptoms, we find that he suffered from general dropsy, oedema and congestion of the lungs with dyspnoea, with cardiac dropsy. The physical signs were quickened and weakened pulse, double murmur, and increased area of percussion dullness.

Was this a simple case of aortic regurgitation? No, it was exceptional. Aortic disease, as a rule, will not give dropsy; it leads to thickening rather than dilatation; but if the latter occur, the hypertrophy is always in excess. The left ventricle has increased duty to perform, owing to the valvular insufficiency, and its muscular tissue increases to make up for this deficiency. In the case before us we had enlarged heart, with dropsy, but the force of impulse was not proportionate with the increase, and the pulse was not as strong as we might expect. On looking at the heart we find the explanation of this, and also of the peculiar apex systolic murmur heard during life. Here is dilatation predominating, and in the left auriculo-ventricular valves atheromatous deposit has also taken place, not having progressed so far as to greatly interfere with their functions, but roughening their surface so as to give rise to a blood murmur as the current impinged on their surface during the systole. As soon as cardiac dilatation began, then there was efficient cause for dropsy, which received this interpretation during life, because it had no other explanation; the urine having been frequently tested and found to be normal. I might add that the engorgement of the lungs, which you see, is also an additional point in favor of dilated heart.

**Case of Diabetes Insipidus Cured by Ergot—Acute  
Meningitis in the Course of a Chronic Disease.**

This patient presents points of more than usual interest, both as regards diagnosis and



treatment. I will read his history:—A. F., thirty-three years of age, a miner, a native of Pennsylvania; is married, and has never been intemperate. He never had rheumatism, nor syphilis, and, with the exception of an attack of intermittent fever, thirteen years ago, he was well until 1874. At this time he experienced severe pain in the right side of his face and head, coming on without any known cause. This returned at intervals, and finally became very severe, the greatest pain being localized over the right ear. He never had vomiting nor vertigo with these attacks, but had severe pain in his eyes, and one year ago lost vision completely in his right eye after dimness lasting forty-eight hours. He has some irritability of temper since this began, and his memory is impaired.

His eyes have been examined by a skilled ophthalmologist, Dr. William F. Norris, who makes the following report: "Blue atrophy of both optic nerves was found, which was complete in the right eye. The central arteries were but little changed in calibre, but there is total absence of any signs of capillary circulation in the right disc, and in the retinal fibres in the neighborhood of the macula, there are a few small, whitish-yellow patches, fusiform in shape. The right eye is blind, and the vision in the left is partially defective, but he can see to read good type."

But there is another point in the case by no means unimportant. The notes state that upon admission "he complains of constant thirst; his skin is dry, and he passes a large quantity of limpid urine, of low specific gravity, 1.003, and containing no albumen nor sugar. He was passing eighteen pints of urine in twenty-four hours, when he was ordered fluid extract of ergot, one drachm thrice daily, with the effect of diminishing the amount to fifteen pints the succeeding day. This treatment was ordered before I came on duty, by my colleague, Dr. Jno. F. Meigs. On the sixth day the ergot was increased to two drachms, given thrice daily, with the effect of relieving the headache to a considerable extent, and of reducing the urine in the next fortnight to four and a half pints daily.

The ergot was discontinued when the urine had decreased to two pints daily. Twelve days later the head symptoms increased, and finally became the leading feature in the case, in spite of full doses of bromide of potassium and deodorized tincture of opium. The case came into my hands at this time, and I regarded it as an acute exacerbation of some old trouble, probably meningitis of the base of the brain. The former treatment was suspended in favor of iodide of potassium, ten grains three times a day, with a small amount of stimulant, a blister to the back of the neck, and the bowels ordered to be kept freely open. Notwithstanding the fact that the patient was delirious, requiring him to be strapped in bed for days, the tongue dry and coated, the skin harsh, I have an extremely satisfactory therapeutic result to

report. Under the large doses of iodide the cloud lifted. He has now no delirium nor fever, and the headache is almost entirely gone. That this improvement was due to the remedy employed, I have not the slightest doubt.

But what has become of the diabetes? After the ergot was suspended, under the administration of the iodide the urine ran up to four pints daily, at which point it still remains, but as he is still using this potassic salt, this is a natural result, as it has been before noticed that iodide of potassium has a decided diuretic influence.

Polyuria, or diabetes insipidus, consists in an enormous flow of limpid urine, containing neither albumen nor sugar, nor any abnormal ingredient ascertainable by the chemist. All the normal constituents are present in the usual quantity, but very much diluted. The amount of water is much larger than in true, or saccharine, diabetes.

This is sometimes the symptom of a depraved nervous system. In hysterical females, a large flow of limpid urine sometimes occurs temporarily. When it persists, it indicates a lesion more permanent; it suggests a central nervous lesion, and is sometimes associated with organic disease of the brain. Tumors of the brain, especially those in the neighborhood of the fourth ventricle, may have this symptom. In all cases you should seek for the possible nervous disorder underlying the polyuria. There is no doubt here, from the pain, the blindness, the ophthalmoscopic report, that the real lesion is in the cranium; the case is one of central trouble, the diabetes being but one of the symptoms.

Now let me point out the extraordinary result of treatment in this case. He is, practically, well of the diabetes; when we stop the iodide the four pints of urine will, doubtless, fall to the normal quantity. He is strong, active, and well, apparently, and when he recovers from his brain trouble he will have no polyuria.

I first used ergot in diabetes insipidus two years ago, in this hospital, with complete success; the case afterward was admitted to the surgical ward with a broken leg, but his polyuria has not returned. This case I reported to the Pathological Society. In ergot, freely used, we have one of the most active agents in controlling this symptom, which, as I have before stated, is generally linked to disease of the nervous system. Everything has been tried in the treatment of diabetes insipidus, and, I may say, on the strength of three cases, that ergot shows a power in this respect that nothing else does, although, like other remedies, it may fail in some cases.

Now for the point of ergot causing the meningeal exacerbation. This is easily disposed of. The signs of meningitis came on twelve days after the ergot had been stopped, and were accompanied by distinct rise in temperature. Such exacerbations are quite common in meningitis, and I think this is sufficiently explained

by the previous attack; the ergot could not have caused it.

As to the evidences of meningitis. Violent delirium, with hallucinations, is one of the most certain diagnostic signs of meningitis affecting the base or convexity of the hemispheres. Another point is the admirable result from iodide of potassium, which is important evidence as to the nature of the disease. This case proves what has been doubted, that acute meningitis may come on in the course of chronic disorders, without a blow or evident exciting cause.

The diagnosis between chronic meningitis with thickening, and a small tumor, is sometimes difficult, if not impossible. The absence of headache, vomiting, and convulsions, would favor the idea of a tumor, but, in truth, a small tumor, and meningeal thickening with exudation, do not furnish points of differential diagnosis, and are practically very much the same thing; the meningeal disease and deposit really constitute a flattened tumor, and may give rise to symptoms from pressure on the brain.

There is sufficient reason for continuing the exhibition of the iodide of potassium, and of applying counter-irritants to the back of the neck.

[The patient remained under observation two weeks longer, when, being improved in every respect, he was discharged at his own request, in order to return to work. The urine was still about sixty ounces, but he continued taking the iodide of potassium up to the day he left the ward.]

## MEDICAL SOCIETIES.

### PROCEEDINGS OF THE PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY FRANK WOODBURY, M. D.

Conversational Meeting, Hall of the College of Physicians, Philadelphia, November 8th, 1876. The President, Dr. Thos. M. Drysdale, in the chair.

A vote of thanks was tendered to Dr. W. H. Parish for his paper on Puerperal Convulsions (published in the MED. AND SURG. REPORTER, Nos. 1034, 1035).

Dr. Wm. Goodell said that, as regards the pathology of the disease under discussion, no single theory that has been advanced will explain all the phenomena. In general terms, it may be stated that there is some morbid element in the blood, coöperating with the great nervous irritability peculiar to the puerperal condition. Where oedema is limited to the face and hands, the case is more likely to give trouble than where anasarca is everywhere present. In the latter case the general effusion seems to exert a compensatory influence, by lessening the amount of the morbid material

in the circulating fluids, and by reducing vascular turgescence. In his experience, when epileptic patients become pregnant, the ordinary attacks are suspended during labor, but return shortly after, as before. He does not think that the clinical coincidence of pregnancy with epilepsy is particularly to be dreaded.

In the treatment of eclampsia he recommends venesection, to relieve blood pressure, and to remove some of the morbid element. He referred to Dr. Richardson's experiment, in which a dog, after the removal of one kidney, died of uræmic convulsions; while another, similarly mutilated, recovered with the aid of venesection.

Rosenstein's theory, that puerperal convulsions are caused by anæmia of the brain, seems inconsistent with two observations: First, the convulsions ought then to bring about their own cure, since it is well known that they cause cerebral congestion; and, secondly, experience shows that the inhalation of chloroform is useful in these cases, and yet one of the effects of this agent is to produce anæmia of the brain, an effect which makes its use so safe in the throes of labor which congest the brain. Invariably, in Dr. G's experience, the kidneys do not act just before and during the attack, and if these organs can be made to do their duty, the patient will be relieved. The prodromic symptoms call for careful consideration. Headache during labor should be controlled by chloral hydrate; in bad cases he has been obliged to bleed. When albuminuria is present during pregnancy, it should be treated by diuretics, such as the acetate of potassa. In these cases he always gives tincture of the chloride of iron, and enough potassic bromide to relieve nerve symptoms. During the attack he has obtained such good results from chloral that he would use it in preference to other sedatives, but not to their entire exclusion. He gives it by enema, in drachm doses.

Death is sometimes caused by blood clot. Such a lesion is necessarily almost always fatal; but a large majority of uncomplicated cases recover under proper treatment. The mortality is now much less than it was a few years ago.

Dr. W. H. Parish, in answer to Dr. Goodell, said, that he did not mean that pregnancy is particularly obnoxious to epilepsy, but that where epileptic attacks occur during pregnancy there is more danger than where it is uncomplicated. The cerebral anæmia theory of Rosenstein presupposes a congestion, followed by oedema, which causes the secondary anæmia, by pressure on the vessels. Venesection relieves the oedema, and indirectly the anæmia; but the muscular efforts of delivery, or of a convulsion, as they increase the oedema, cannot relieve the anæmia. In proof of the statement that anæmia may cause convulsions, he mentioned a case where such seizures preceded death from extensive hemorrhage.

Dr. Charles F. Wittig had good results in two cases of convulsions, after delivery, from warm fomentations to the abdomen, after the applica-

tion of cups, combined with the internal administration of calomel, or an emulsion of almonds containing nitre and bitter-almond water. He had seen similar convulsions occur in metritis, when there was no pregnancy, yielding to the antiphlogistic method of treatment. He thinks that, in the treatment of puerperal convulsions, the local symptoms, such as proceed directly from the uterus, should be particularly combated by venesection, since the brain is but seldom seen affected during the post-mortem examination.

Dr. Wm. T. Taylor had noticed in all his cases that the patient's head was thrown violently to the left, but was unable to account for it. In the treatment he relies on venesection, ether and purging; and, as a prophylactic, always gives bromide and bitartrate of potassa.

Dr. Wm. S. Stewart reported a case of a plethoric primipara, with frequent, violent convulsions coming on before delivery, and continuing through the next day. The urine was passed involuntarily and could not be examined, but there was no oedema noticed. He opened a vein, but the blood was thick and dark, and refused to flow. Chloral enemata gave temporary relief. Dr. Atkinson being called in consultation, it was decided to give ten grains of chloral by the mouth after every convulsion. The patient, after a few doses, went to sleep, and awoke in the morning well, and had no return. The total amount of chloral used was one ounce in the twenty-four hours, including the injections which were retained. In plethoric cases, with headache, he recommended bleeding. He recalled a case where the convulsions were caused after labor by indigestion, ending fatally. Such cases suggest a different line of treatment.

Dr. Andrew Nebinger had, for many years, considered preventive treatment of the highest importance. His high estimate of its value caused him in cases of expected labor to institute inquiries into their condition of health during pregnancy. Shortly after commencing practice he had made it an obligation with his patrons, in all such cases, that they should inform him of their pregnancy several months in advance of confinement, so that he might have an opportunity to inquire into their health, and to give to them such general, and, if need be, special directions and treatment as they might require. When he concluded that the kidneys were not properly discharging their functions, and an examination of the urine disclosed the presence of albumen, he directed the free use of diuretics and such other treatment as would normalize the kidneys, and gave the case close looking after until the time of accouchement. If much oedema presented, especially if headache were associated with the albuminuria, he instituted a more active treatment, by having the diuretics preceded by the administration of an ounce of Epsom salts. He had not, he was happy to say, had a large number of cases of puerperal convulsions, notwithstanding the fact that he had had a large obstetrical experience.

He was disposed to attribute the small number of these to the close watching he gave them during pregnancy.

One of the facts presented by the lecturer was that in ninety per cent. of all the cases of puerperal convulsions there exists albuminuria. This fact is of great significance. It points most unmistakably to retained urea as an important factor in the production of puerperal eclampsia, and is certainly very suggestive in regard to the importance of making inquiries into the condition of the kidneys of every pregnant woman, and of taking the necessary steps to place the organs in the best possible condition before labor sets in. If it be true, and he thought there was no doubt of it, that in ninety per cent. of the cases of puerperal convulsions albuminuria is present, he would ask, how many of those cases might have been prevented if treatment had been given to the kidneys, and they had been restored to a condition at least more normal than that in which they were at the time the convulsions set up? He thought the rule should be, with all who practice obstetrics, to require all cases of confinement to inform the physician three or four months before the period of their expected labor, that he might have an opportunity to keep such cases under observation, so as to correct any indisposition which might spring up, whether albuminuria or any other disturbance of health. His practice in attacks of puerperal convulsions, not hysterical, had been to bleed freely, not using the lancet so much as a means directly curative, but as a prophylactic to save the brain from injury during the terrible congestion which exists at the time of the convulsion, and to thus gain time for the operation of curative remedies. Immediately after bleeding, if the labor had so far advanced as to justify the use of the forceps, he applied them and delivered the child, as he regarded the emptying of the womb, and allowing it to resume a state of inaction and rest, of great importance. It has been his own, and he thinks the experience of all who have treated puerperal eclampsia, that the labor pains and the return of the convulsion were synchronous; that the pains often appeared to excite the return of the convulsion. After the bleeding, he administered three or four drops of croton oil. Relief of the convulsions not being secured in an hour or two after the bleeding, he had cut-cups applied to the base of the head and to the back of the neck, abstracting six or more ounces of blood. He applied the ice cap, and had also applied a blister to the occiput and neck. He could call up but one instance in his practice in which the babe was born alive, whose birth had been preceded by convulsions. This was in the instance where the mother, who had two convulsions, had been freely bled after the second convulsion, and delivered with the forceps immediately after the bleeding. He begged to urge the great importance of the prophylactic treatment, and felt that it could not be too highly estimated in the prevention of the formidable

disease to which our attention has thus been so positively drawn by the lecturer.

The President had systematically examined the urine of all his obstetric cases, and found that the albuminuria sometimes does not occur till late in the pregnancy. Out of nearly two

thousand confinements, he had only seen twenty cases of true puerperal convulsions; in these he had successfully pursued the same treatment advocated by Dr. Nebinger, with the addition of large doses of bromide of potassium.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Can the Syphilitic Poison be Transferred through Milk?

Translated from the *Centralblatt für die Medicinischen Wissenschaften*, October 28th, 1876, by John Sundberg, M. D., Baltimore, Maryland.

Dr. O. Simon reports the following experiments by Dr. R. Voss, from an original communication to the *Petersburger Medicinische Wochenschrift*:—

The author inoculated three prostitutes with the milk of a syphilitic woman. This woman suffered from a papulous syphilide; the genitals and anus were covered with moist, mucous papules, but the mammary glands were entirely free. The milk was obtained by pressure, and injected into the subcutaneous cellular tissue of the three prostitutes by means of a hypodermic syringe. On the first, who was syphilitic, the inoculation produced no result. The second, who suffered from urethritis, remained healthy. The third, who is sixteen years of age and never has been syphilitic, was admitted to the hospital on the 16th of September, on account of a urethritis, and on the 27th the milk was injected. There appeared a large inflammatory swelling, which broke, and on the 24th of October was perfectly healed. On the 3d of November (about forty days after the inoculation) a papulous eruption appeared around the point where the milk had been injected, and on the 8th of November other parts of the body were also found covered with a maculo-papulous syphilide, together with adenitis. The symptoms disappeared under mercurial embrocation. The author therefore believes that the milk of syphilitic individuals is as capable of procreating syphilis as the blood.

#### Carbolic Acid Injections in Phthisis and Tuberculosis.

In reply to numerous questions about the treatment above mentioned, Dr. J. Schmitzler, of Vienna, gives the following points in the *Wiener Med. Presse*, No. 35:—

1. Up to this time, I have used carbolic injections in more than 100 cases. In many of these, one or two injections were given daily during four weeks, and even longer, with scarcely any interruption. Individual cases

received but one or two injections, because they neglected to return, and not from any unpleasant results of the treatment.

2. I generally used a solution of the strength of  $\frac{1}{100}$ , only seldom of  $\frac{1}{200}$  (acid. carbolic. 0.1, aqua destil. 10.0), of this from 1 to 2 Pravaz syringefuls; at each injection, amounting to 1 to 2 centigrammes of the acid.

3. Children I generally gave half a syringe-ful of the above mentioned solution. The youngest child to whom I have as yet given the injections was eight years old, and the result was very satisfactory.

He uses Leiter's new hypodermic syringe, which holds almost one gramme, a convenient dose of the solution.

#### Salicylate of Soda as an Antipyretic.

Dr. John Cavafy, of St. George's Hospital, London, reports this case in the *Lancet*, Nov. 4:

A nurse was warded under my care, suffering from enteric fever. The case was one of considerable severity and of long duration, the evening temperature reaching  $104^{\circ}$  for many days. In course of time the fever declined considerably, but on the twenty-sixth day of the disease the temperature again began to rise. On this day (Oct. 1st) the morning temperature was  $101^{\circ}$ ; evening,  $101.8^{\circ}$ . On Oct. 2d: morning,  $102.4^{\circ}$ ; evening,  $103.8^{\circ}$ . Oct. 3: morning,  $102.8^{\circ}$ . On this day I saw the patient in the afternoon, and for the first time ordered salicylate of soda, half a drachm every four hours. The first dose was given late in the afternoon, and in the evening the temperature was only  $100.8^{\circ}$  (as against  $103.8^{\circ}$  on the previous day). One more dose was given at night, but this was followed by vomiting, with cold extremities and very weak pulse. The house physician, Mr. Blake, who was called to her at 4 A. M., found her very low, and at once discontinued the medicine. The temperature was not taken at that time; but at the usual time (8 o'clock) in the morning of Oct. 4th the thermometer marked only  $96.9^{\circ}$ . No medicine was given during the day, and in the evening the temperature was  $103.6^{\circ}$ —a rise of nearly seven degrees. During this time there was no diarrhoea, the bowels being opened only once on Oct. 3d, and not at all on the 4th. There was not the slightest hemorrhage. Evidently, therefore, the great depression of temperature



was due to the salicylate of soda, as is shown also by the enormous rise which ensued on its being withheld.

I am not aware of any published cases in which salicylic acid or its soda salt has been employed in cases of fever, rheumatic or other, in which the temperature has reached or exceeded 107°; but my reason for bringing the above case under the notice of the profession is that it seems to show that we are now in possession of a most valuable remedy for hyperpyrexia, which is usually treated by the cumbersome and tiresome method of cold baths. It shows at any rate that a marked depression of temperature may be produced in some cases of fever, and there is no *prima facie* reason to believe that hyperpyrexia would prove exceptional. I hope, therefore, that those who have an opportunity will give the drug a fair trial in cases of this nature, and publish the results. I should feel inclined myself to begin with rather large and frequent doses (say half a drachm of salicylate of soda every hour), and gradually diminish the quantity, and lengthen the intervals of administration, according to the result produced. Salicylate of soda, owing to its free solubility, and consequent ready absorption, is decidedly preferable to the sparingly soluble salicylic acid.

#### The Topical Use of Carbolic Acid and Creasote to the Throat.

In the London *Medical Times and Gazette*, November 14th, Dr. G. A. Imlay writes of these drugs:—

In cases of long-standing chronic bronchitis, with profuse yellow purulent expectoration, I have never known these remedies fail to diminish expectoration, and allay the troublesome cough in a remarkable degree. When we carefully examine the local action of carbolic acid, creasote and tar on external inflammations, ulcerations, etc., we can easily conceive the beneficial results to be derived from their local application in the form of spray to the mucous membrane of the bronchi. Carbolic acid is well known to prevent decomposition; and nowhere is this action better verified than in cases of bronchitis with offensive-smelling sputa, for after a few applications it will invariably remove the fetid odor from the expectoration. I think, in this particular, carbolic acid is certainly superior to creasote. But, in my opinion, their beneficent action is mainly due to their astringent effect on the mucous membrane; and creasote has here a great superiority over carbolic acid, for it will frequently diminish the expectoration to one-half its former quantity in the course of three or four days. Their sedative properties are greatly inferior to those aforementioned, for I have frequently employed them in cases where a constant irritating cough, with slight mucoid expectoration, were the only symptoms complained of; but I cannot say that I have ever seen any benefit derived from their use. With

regard to the manner of their application, the instrument I prefer is Siegle's inhaler, as I believe it possesses special properties when you aim at applying local medication to the bronchi. It consists essentially of a boiler containing water, a glass containing the solution of carbolic acid, creasote, or tar, as the case may be, and two glass tubes drawn to a fine point, like an ordinary spray-producer. The steam from the tube in connection with the boiler draws, by capillary attraction, the medicated solution up the second tube, and by this means a very fine spray is produced, capable of permeating to the most minute ramifications of the bronchial tubes; and, moreover, when it reaches the lungs, it approaches as nearly as possible the temperature of the body. I generally commence with a weak solution of creasote, two minims to the ounce of water, and gradually increase it to twice that strength. A sufficient quantity of spirit should be added to dissolve the creasote. I direct the patient to take one deep inspiration, so as to entice the spray well into the lungs, and again to renew it in the course of a few seconds. After one or two applications it gives rise to no irritation or cough, and it is extremely agreeable to the patient.

#### Colorado as a Resort for Consumptives.

Dr. H. A. Lemen, of Denver, in the *Transactions* of the Colorado State Medical Society, gives a report on 44 cases of consumption, and concludes with the following general remarks:—

Certain cases of consumption—or consumption of a certain type—would of necessity prove more rapidly fatal here than at sea level, surrounded by ordinary salubrious conditions of health. Such instances as those in which one lung is *extensively* involved, or both to a less extent; in which the adherent tendency to dissolution is obstinate and continuous; the digestion and assimilation greatly impaired; the nervous system profoundly disturbed and depressed, or exceptionally irritable; the mesenteric glands involved; an unusually high pulse and temperature standard—such cases, I repeat, will live longer under ordinary salubrious surroundings and proper medication in the States, or at a lower altitude.

For the same reasons, an individual suffering from an attack of ordinary phthisis, but undergoing an exacerbation of cough, frequent pulse, dyspnoea, loss of appetite, weight and strength, would probably do quite as well to place himself under salubrious surroundings and well-directed medical treatment until acute accessions have been measurably controlled, and then seek a higher altitude and the climatic conditions it furnishes, as to rush at once to the latter when in an unfavorable plight, to engage upon a long and fatiguing journey, or to tolerate a considerable rarefaction of the air he breathes, associated with great daily variations of temperature, as most elevated and mountainous regions are.

## REVIEWS AND BOOK NOTICES.

## NOTES ON CURRENT MEDICAL LITERATURE.

—The *Toledo Medical and Surgical Journal*, Dr. Jonathan Priest, editor, is launched January 1st. Monthly. Price, \$1.50 per annum.

—*Lippincott's Magazine*, for January, is, as usual, full of well-chosen and entertaining reading. None of the literary monthlies surpass it as a pleasant and instructive family monthly.

—*The Quarterly Journal of Inebriety* appears in its first number, December, 1876. It is the official organ for the American Association for the Cure of Inebriates, and from its first number augurs well. This contains the address of the President of the Association, Dr. T. L. Mason, an article on the causes of the increase of inebriety in America, by Dr. George M. Beard, and a number of pages of Proceedings, etc. The subscription is \$3.00 a year. Subscribers should address Dr. T. D. Crothers, Binghamton, New York.

## BOOK NOTICES.

## On Coughs, Consumption, and Diet in Disease.

By Horace Dobell, M. D., F. R. M. C. S.; Consulting Physician to the Royal Hospital for Diseases of the Chest, etc., etc. Philadelphia, published by D. G. Brinton, 115 South Seventh street, 1877. 1 vol. 8vo. Cloth. Illustrated. pp. 222. Price \$2.25.

Dr. Dobell is very favorably known in Great Britain for his various works on thoracic disease, his "Winter Cough," his "Demonstrations of Diseases of the Chest," his "Tuberculosis, its Nature, Cause and Treatment," as well as for his many contributions to medical periodicals, and his "Annual Reports on Diseases of the Chest." As the discoverer of pancreatine and pancreatic emulsion in their medical applications, he has, in the opinion of many, conferred a boon on the consumptive only second to that of the introduction of cod-liver oil. As a most able clinical lecturer, full of sound sense and practical suggestions, he has long ranked in London foremost in his specialty.

Such a writer most eminently deserved an introduction to the American profession, and

the present book performs this in a very fitting manner. It is, as the editor informs us, made up of a series of extracts from Dr. Dobell's various writings, so arranged that they form a connected treatise on the diagnosis and treatment of some of the most common diseases of the air passages.

The first hundred pages are taken up with instructions in diagnosis. Rules are given how to make a systematic examination of the chest, and the prognostic value of hæmoptysis, cavernous sounds, emphysema, narrowed air passages, etc., is very carefully stated from a wide area of observation. A very valuable chapter is given on the diagnosis of *early* phthisis—how to recognize the disease in its incipency—often a vital point in saving the life of the patient. Here the author shows most forcibly his powers of instruction. Winter-cough, ear-cough, and post-nasal catarrh are also discussed in this portion.

The second part is devoted to "the Treatment of Coughs, Colds and Consumption." Much stress is laid on early treatment and the *avoidance* of colds and coughs. When once seated, the author divides our means of combating them into four classes:—1. Medicine introduced by the stomach. 2. Medicines introduced by inhalation. 3. Counter-irritants; and 4. Changes of climate. His plan is to take up one remedy at a time, such as antimony, aconite, ipecac, squills, etc., to give the particular class of cases in which it is indicated, the best preparation, the dose, and the frequency of the dose. His therapeutics is singularly clear and definite—a great relief after perusing the vague generalities of so many writers on practice.

The third part is entitled "Some Principles of Diet in Disease," and gives with brevity the principles and rules which should govern our regulation of the food of the sick. They are concise and pointed, yet eminently scientific. A scheme is given of a model diet for a consumptive patient, and another for a diabetic patient; while the last chapter gives a number of recipes for nutritive enemata and dietetic preparations, which the author himself has designed and employed with success.

The work is neatly printed on tinted paper, is handsomely bound in pebbled cloth, and contains a few illustrations, well engraved. In the solid information it contains it is probably not surpassed by any work on its subject in the language.

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D. G. BRINTON, M.D.,  
115 South Seventh Street,  
PHILADELPHIA, PA.

**THE MEASURES WE HAVE ADVOCATED.**

We are told in the Homeric epic, that while a god is taking a single step, ages roll away. So it is in the progress of all divine things; a truth struggles for centuries before it is acknowledged; a reform counts thousands of martyrs who waste their lives, seemingly futilely, before it is adopted; a just law must conquer a hundred perversions before it reaches an effective control of social relations.

These things admonish us to admit no discouragement in the war for what is better, but ever press and iterate the improvements which we conscientiously believe are called for.

At times it is well to review and re-examine these, guiding ourselves by a richer experience; if possible, by a ripper judgment. No epoch is more appropriate than that of the commencement of a year. We rehearse, then, those which this journal has advocated and demanded, and which in the future it proposes to continue to clamor for. Our retrospect will be limited,

however, to those subjects which have been discussed editorially in the volume which has just closed, July—December, 1876. They may be conveniently divided into those which pertain to the medical profession itself, and those which are expected from it by an enlightened public.

Fully believing in the truth of the prediction quoted from Mr. GLADSTONE, in the editorial on "The Relation of the Medical Profession to Society" (Oct. 28), that it will, in the future, gain increased influence, greater in proportion than other professions, it has been variously urged, that to accomplish this, it must deserve it. The great evil of the competitive, or "cheap-John" system of underbidding for practice, has been stigmatized as unworthy a learned profession (Nov. 18th); and as to whether physicians can appropriately dispense their own medicines where pharmacists are handy, has been discussed, and remains an open question (Dec. 9th). The importance of an early adoption of the metrical measures and the English language in writing prescriptions has been prominently set forth (July 29th), and supported by an able and lucid communication from one of the most eminent pharmacutists in our country, Prof. JOHN M. MAISON (Sept. 9th). The well-worn topic of medical education has been presented, with the suggestion that this matter be taken in hand by medical societies, inasmuch as it is evident that the colleges themselves are too intently listening to "the clinking of the guinea," to hear the protests of the profession at their hurtful inertness (Dec. 10). We are glad to be able to add that since that editorial appeared we have been apprized of a movement in this direction, which cannot but have a most positive influence ere a long time.

In what regards the sociological duties of the profession, the importance of statistical records, by the formation of Boards of Health, and the general registration of diseases as well as deaths, has been commented on (July 1st).

Four especial measures, directed to the diminution of sickness and mortality, have been on several occasions brought up. One of these is the care of infant life in the hot months, through rural sanitaria, and instructing mothers in the rules of hygiene (August 5th); a second is the necessity of more general and repeated vaccination, preferably with bovine lymph; a third, the need of some more inoffensive method of disposing of the dead (September 23d); and the fourth is the prevention of the spread of syphilis by legal means. This latter topic has been repeatedly alluded to; the address of Dr. Sims has been analyzed (July 15th); the question of general syphilization has been opened (September 30th); and the notion that syphilis is not a dangerous disease has been refuted (November 26th). It is true that the *REPORTER* continues to stand almost alone in its open advocacy of subjecting houses of prostitution to registration and inspection; but it is easy to see that the necessity of some such action is daily becoming more evident to the profession. Legal measures, it has been urged (November 18th), should also be invoked to place the confirmed drunkard under restraint, and his property under guardianship. The "natural history" of crime has been spoken of as one of the most pregnant studies for the physician and philanthropist, and its physical basis has been adverted to (September 9th). The crying want of better general education of the public in hygiene has received repeated attention, and the excellent design of "schools for nurses" has been explained (July 8th). The value of forests to public health was brought forward in connection with the meeting of a society which had that aim for its business (September 9th).

This incomplete review of what this journal has contributed its mite to aid and further, during the past six months, shows, at least, how many and weighty are the questions which the medical public have to consider and act upon. Physicians are the class which, more than any other, can hasten these reforms, if such they be.

The periodical press of the profession is one of the mightiest levers they can use; and so far as that is represented by the *MEDICAL AND SURGICAL REPORTER*, it will ever be found, so long as its present management continues, ready to do its utmost in the contest for the right, and to welcome those writers who handle these subjects without bias and with earnest motives.

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## NOTES AND COMMENTS.

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### The Limitation of Syphilis.

Dr. J. R. Black, of Newark, Ohio, has attempted to render practical the suggestions of Dr. Marion Sims for the limitation of syphilis. In a paper read by Dr. Black before the Zanesville Academy of Medicine and published by the Society, he recommends that, instead of prostitutes being examined, their male visitors should be inspected by the manager of the house, and if any ulcer or abrasion is noticed, the visitor must be forbidden the house; and if he refuses to go, shall be liable to arrest and imprisonment.

While foreseeing several serious difficulties in the way of this plan, there is no doubt but that some of its features are excellent and practicable, and we earnestly commend the perusal of Dr. Black's pamphlet to all interested in this momentous and needed reform.

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### Dr. Brown-Sequard on Nerve Disease.

The recent lectures of Dr. Brown-Sequard show him quite apart from the prevailing physiologies. He teaches that symptoms of paralysis, anæsthesia, amaurosis, aphasia, etc., are due to irritation, and not cessation in the function of various parts of the brain; for irritation of parts around the portion destroyed by disease causes certain sensations; not that the part destroyed causes them, but because an irritation starting from the place around influences cells, some near, some at a considerable distance from the locality of the lesion. Dr. Brown-Sequard, therefore, believes that certain functions of the brain, instead of being localized in clusters of cells, are, on the contrary, spread over the greater (if not the entire) part of the brain; and this theory explains a very large number of cases of disease which otherwise it would be impossible to understand. Parts in the brain supposed to be endowed with special functions



can be destroyed without any alteration in the loss of functions, and *vice versâ*; so that it follows that any part of the brain can produce anæsthesia, aphasia, paralysis, or amaurosis, and parts supposed to contain special functions can be destroyed without causing aphasia, amaurosis, etc. As regarded treatment in cerebral affections, Dr. Brown-Sequard places most reliance on the actual cautery brought to a white heat, and scored along the back of the neck, opposite the last cervical and first dorsal vertebrae. Strychnia also, pushed so as to produce spasmodic movements, is of considerable service, but perfectly useless in smaller doses.

#### "The Anatomist."

Our readers will perhaps recall the admiration expressed by a Centennial correspondent of this journal for the picture of "The Anatomist," by Max, in the Art Gallery (See *REPORTER*, August 26th, 1876). They will be pleased to learn that an etching of this masterpiece has been placed in the market by Berendsohn Bros., New York city. It is very well executed, and as an appropriate office picture will no doubt have a large sale.

#### The Sudden Checking of Opium Eating.

The eminent Sir Robert Christison, after a large experience in the treatment of such cases, says that no good can be done by "gradual reduction," and that it can be safely left off abruptly, even after many years' indulgence. He recommends bromide of potassium to allay irritability, and chloral to procure sleep. For the first three days the patient suffers from great depression, loathing, sickness, and vomiting. By the fourth night he falls asleep and awakes refreshed, and in most cases the progress afterward is very satisfactory. There is, however, great danger of a relapse. Should diarrhoea supervene, suppositories of morphia should be ordered.

#### Leucocythemia.

At a recent meeting of the Clinical Society of London, the members reported several cases of glandular disease and of splenic leucocythemia, in which phosphorus had been steadily administered, but without apparent benefit. The discussion upon these cases served to show how very far from settled are the opinions of pathologists and physicians respecting the origin and

relationships of anæmia, leucocythemia, and kindred diseases; and, until the origin of these diseased conditions is more distinctly understood, we can scarcely hope that their treatment will be improved. The suggestion that they are of syphilitic origin, advanced last year by a well-known French surgeon, did not come up in the discussion.

#### The Effect of Altitude.

In the *Transactions of the Colorado State Society*, Dr. A. Stedman remarks on the effect of that elevated position:—

Persons in ordinary health and flesh find, usually, that a prolonged residence in this country reduces the weight, and among women and persons of nervous temperaments more especially, this decrease in weight is accompanied by a condition of nervous prostration, which is, in fact, but the depression which follows the excitement of the first months of their residence here.

While the system responds normally to this stimulant, sleep is sound and refreshing, but when the nerve centres have become exhausted, and the blood no longer furnishes the proper support, what was before but a stimulant now acts as an irritant; the sleep becomes imperfect, the system anæmic, and the whole train of nervous, and in women, uterine, disturbances, follows as a natural sequence.

In men, this action of the climate is less marked; yet few, even of the stronger sex, after a few years' residence here, can go without sleep as readily, or perform as much physical or mental labor as they have been accustomed to do.

### CORRESPONDENCE.

#### CLIMATE AND TRAVEL IN THE TREATMENT AND CURE OF CONSUMPTION.

Letters by an Invalid Physician.

LETTER VI.—PAU AND PISA.

ED. MED. AND SURG. REPORTER:—

It will thus be seen that Spain, Morocco, Algeria, Tunis, Egypt, and the islands of Corsica, Sardinia and Sicily can be roamed among at will by the invalid tourist, he, at the same time, keeping almost constantly in the warmer latitudes of the southern Mediterranean. I consider sending a patient to a place he can safely leave at will, a most fortunate thing; and, on the contrary, I regard sending him to an isolated spot, that he is afraid

to leave, like Bermuda, Nassau, or Isle of Pines, a calamity. Mr. Erichsen gave me the key-note of traveling for health when he said, "Never stay in a place after you tire of it." Of course he did not mean, nor I now, to convey the impression that a patient is to go wildly rushing from place to place on the whim of the moment, finding nothing but unrest and ultimate exhaustion. A patient should not go far away from his asylum for a week after reaching it, and the first day or two after his arrival should be devoted to absolute rest. There is such a thing as getting acclimated before one can expect to benefited. I have yet to visit a health resort and not hear from more than one invalid the complaint, "Oh! I am so sick of this place. I wish I could leave it. I don't believe I will ever get any better here!" They had money, and strength, and wish, and power, and right to leave, but they had not the will. They were afraid, cowed. The resident physician, or the doctor at home, or anxious relatives, had said stay! and I have no doubt that the majority of them staid until it was time to embark for the "dark and unknown waters that encircle the earth."

Pau and Pisa are holes; I mention them only to condemn them. A well man would die of rheumatism in the first, and of gloom in the second, within a month, and a sick one would stand his chances in proportion. Pau is a still city, under the shadow of the Pyrenees, full of rains and dampness. It has been called into existence by advertising, some English fashionables, a club house, and one or two unaccountable recoveries from phthisis. The mean temperature of winter is 42° F., of spring 54°. The thermometer often varies a score of degrees between morning and noon, and it has an annual rainfall of over forty inches. During observations by Weil, at Pau, in December, the thermometer fell eleven times to zero.

Pisa is a city more dead than alive, humid, mouldy, and warm. It is protected from chilling winds by the Appenines and a high wall. It has abundant exposure to warm breezes which blow over the neighboring malarial marshes. Its annual winter temperature is 45° F., and its spring 55°. Its atmosphere is described by a writer on climate as sedative and antiphlogistic. As I strolled around this old Tuscan city (it was founded six centuries before Christ), one fine day late in March, I could not rid myself of the idea of imprisonment. The Arno was walled, sullen, and turbid; the streets were gloomy, deserted, and grass-grown; and what inhabitants one saw, looked jaundiced and melancholy. It will not be wondered at that I left, with a feeling of relief, this dismal place, for the bright, beautiful, and attractive Tuscan capital, Florence.

The value of what a man writes depends largely on the spirit in which it is written. Lest some of my readers think that my emanations are those of a bedridden invalid, disappointed in his search for health, let me state that this second day of December, eighteen

hundred and seventy-six, I have driven on a "buckboard," at a spanking trot, with the thermometer six above zero and snow flying, six miles; that I have eaten two substantial meals, with "digestion waiting on appetite;" and after I walk to the post office and deposit this letter, I intend to attack meal third. Moreover, no one would enjoy a sail to the Mediterranean at this present moment more than I; and a tramp over my old invalid haunts would be more than enjoyable—it would be triumphant.

*Saranac Lake, Adirondack Mts.*

#### "Preliminary Education of Medical Students."

ED. MED. AND SURG. REPORTER:—

Your editorial, with the above heading, in the REPORTER of Dec. 16, 1876, is deserving of the attention of the medical profession. You say that the preliminary education of students should be under the control of the medical societies. Preliminary education in applicants for medical honors is apparently becoming more and more neglected every year, in proportion as the avenues are opened for the admission of pupils into the competing schools, which have multiplied greatly in number of late, to the detriment of the quality or character of the teaching and of the taught.

It must be apparent to you, Mr. Editor, as well as to your readers, that the preliminary education of medical students has lately been taken almost entirely out of the hands of medical societies.

When I studied medicine it was considered necessary to enter the office of the most respectable practitioner in the neighborhood, pay him a *respectable* fee for his teaching; remain with him at least one year, or more generally two years, before going to college; read his books, and get his explanations; witness his examination of office patients, and his prescriptions; afterward, to ride around with him to see those who were confined to their beds; hear his explanations, methods of diagnosis, etc., then compound his medicines; make the pills, powders, tinctures, etc.

This is all changed now: the father of a son about eighteen years of age, having a vain-glorious desire to have him made a doctor, without regard to any suitable preliminary education, and without considering the absence, perhaps, of other quite as important qualifications (for there are natural aptitudes for the medical profession, as well as for other pursuits in life), immediately hurries him off to the lecture-room, pays one of the professors a fee to take the lad as an *office student*, and the student comes out at the end of the second session, about eighteen months after having read the first page of any medical work, as a *full blown doctor*.

I am by no means referring, Mr. Editor, to the quack colleges, but make a simple matter of fact statement of what occurs every year in the most respectable colleges of the land. We

country practitioners, even those of us who form the bone and sinew of the medical societies, have nothing whatever to say in the preliminary education of medical students, for the simple reason that *we are never consulted*. I have not had an application from any one desiring to become an office student for twenty years; and I do not know of half a dozen among my many medical friends in this section that have.

The students all go immediately to the lecture-room, without any preliminary medical education whatever, and numbers go with only a very rudimentary English education. A private ticket from one of the Professors is almost a certain passport to graduation. This is understood and acted upon everywhere in this country.

What can the medical societies do in such cases? Nothing. The Professors should maintain their independence and their *impartiality*, by standing entirely upon their lecture ticket, and let the practitioner near the pupil's home train him for the college lectures and receive the fee therefor.

While the entire business of training, as well as of giving the final teaching to the pupil before he goes into the field of practice, remains in the hands of the college professor, it is very evident that the subject of medical education, preliminary as well as final, is entirely removed from medical societies, and from medical practitioners generally, the whole subject being left in the hands of the college professors: and in their hands the responsibility must now remain.

W. STUMP FORWOOD, M. D.

Darlington, Md., Dec. 18th, 1876.

#### Professor Lister and Carbolic Acid.

ED. MED. AND SURG. REPORTER:—

During the summer of 1857, while I was witnessing Prof. Lister's early experiments with carbolic acid as an antiseptic, in the Royal Infirmary of Glasgow, the result of which I furnished for the REPORTER, so little was known of the agent in this country, that my venerable friend, General Patrick, late Provost Marshal General of the Army of the Potomac, having read of it, and desiring to try it for the cattle plague, being unable to find any in the market, was driven to the necessity of having some prepared by a German chemist in New York, as he has since informed me. And it was through my report, in your very excellent journal, which I had submitted to him, to be certain that it gave a fair account, that the use of carbolic acid as an antiseptic in surgery was known in the United States before it was generally known in Europe, or even in England, as I had ample means of knowing. For, though it had been introduced into the Greenock Hospital, and was being used by Prof. Syme and Dr. Watson, of Edinburgh, it was ignored or opposed in the Liverpool hospitals, and so little known at Guy's Hospital, in London, that when a patient was brought in

with a bad compound fracture, the surgeon in charge, aided by what I told him of Prof. Lister's use of it in such cases, dressed it accordingly, remarking that "Lister ought to publish his method of using carbolic acid as an antiseptic in such and other surgical cases."

Comparatively few American surgeons are aware, I think, of the tardiness in the reception of Lister's use of this agent as an antiseptic in surgery, in Europe, and even in Great Britain, attended often with an incredulity leading to positive opposition. And this was one reason he published so little, early cautioning me to say little about it in London, wisely preferring to satisfy himself, and be fully prepared to sustain his positions before arousing unnecessary opposition. And yet, enough had been said to call it up at the British Medical Association in Dublin, of that year, the innovation being treated with quite a general incredulity, if it might not be said of some, with contempt. And in this country many were incredulous; one of our first American surgeons, having read my report, on my return, said to me, "Lister is crazy on carbolic acid."

Prof. Lister, however, has triumphed; opposition has ceased; and humanity has had, and will continue to reap the benefits, while man is mortal and liable to those accidents and conditions in which his plan of using the antiseptic may be indicated.

His recent visit to this country appears to have awakened an increased interest on the subject among our best American surgeons.

E. R. MAXSON, M. D.

Syracuse, N. Y.

#### Chloral with Solid Fats.

ED. MED. AND SURG. REPORTER:—

As a therapeutic agent chloral has become so popular that its range of application is as diversified as any drug or chemical of a century's standing; but its nature has not been sufficiently studied to construct formulæ readily that furnish preparations easily dispensed and always praiseworthy; on the contrary, formulæ are written which furnish not only inelegant but almost incompatible preparations. A case in point is its combination with solid fats. It is a matter oftentimes overlooked, if not entirely unknown, that chloral hydrate is a solvent for fats, so much so that solid fats become liquefied by contact. Hence, it is not advisable to prescribe, for instance, chloral with lard, simple ointment, or even with simple cerate, in a very large proportion. With oleum theobroma it forms an unctuous mass, which furnishes a very creditable preparation dispensed as an ointment; but to make from this combination a suppository it is almost an impossibility. Still less possible is it to make a suppository containing, with chloral, one of the solid extracts, which must previously be moistened with a little water to make miscible with the solid fat, as a drop of water increases enormously the fluidity of the oleaginous mixture.

The writer has made a number of experiments as to the best excipients, and finds that equal parts of spermaceti and oleum theobroma have the advantage over any other. In a suppository containing ten to twelve grains of chloral this is about the proper proportion. Deviating from this strength, the proportion of spermaceti must be increased or diminished accordingly. Vaseline and paraffin, using three of the former to two of the latter, make a very good base, but it does not melt as nicely into an unctuous mass as does the former.

Philadelphia.

L. E. S.

#### Intestinal Obstruction Removed after Forty-one Hours.

ED. MED. AND SURG. REPORTER:—

I take this opportunity to report this remarkably interesting case that occurred in my family.

A boy, born Nov. 27th, 1876. General appearance healthy and strong. Observed nothing unusual or abnormal for the first twelve hours, when the little fellow was seized with convulsions, lasting from one to five minutes, accompanied by severe tenesmus, with no movement of the bowels. I at once mistrusted imperforate rectum, but upon examination the anus was found natural. The effort at defecation continued at intervals of from ten to twenty minutes, each time terminating in a spasm with strong rigidity of the whole muscular system. Respiration would cease from one to five minutes at each spasm. The heart would stop beating, and he would get blue-black in the face and on the surface of the body, and it was with great effort that respiration could be established. I at once proceeded to give him an injection, but with no favorable success. The moment the water entered the bowel it was rejected with double the force with which it was deposited. After failing in this I gave him one-half teaspoonful of olive oil; after waiting about five hours I gave one teaspoonful of olive oil and five drops of turpentine mixed; during the time intervening we put him in Sitz baths several times, and constantly kept hot fomentations on the bowels. Six hours after the administration of the last dose of oil and turpentine (having resorted to the syringe frequently), I gave him two drops of croton oil in emulsion of gum acacia, and at this time I gave of the following:—

R. Brom. ammoniæ, grs. xxiv  
Syrup tolu, aa  
Aque, aa ʒss.

One teaspoonful every hour and a half.

This lessened the severity of the spasms, also their frequency.

Twelve hours after giving the oleum tigllii I called in council Dr. H. N. Crapper, who gave as his opinion that there was an obstruction of a mechanical nature that never would be removed;

this opinion only served to strengthen my own belief. That if what had been given did not open the bowels, nothing would. We continued the bromide ammonia and tolu, to control the spasms, also the hot fomentations on the abdomen; seemed to be quite free from pain unless he was moved, when he would cry lustily for a few minutes, when he would become quiet and fall asleep. Twenty-eight hours after giving the first dose of oil, twenty-three hours after the second oil and turpentine, and eighteen hours after the administration of the croton oil, there was a slight show on the diaper; from the moment of birth up to this time the child presented an exsanguine appearance. But instantaneous with the movement of the bowels he turned as red as scarlet, which appearance existed about three hours; after the expiration of that time he assumed a more natural appearance. At this time I gave one teaspoonful of olive oil, which resulted in a second movement of the bowels after the lapse of about three hours, since which time, by the occasional use of a soap suppository, his bowels have been quite regular.

J. N. MEDBERY, M. D.

Webster City, Iowa.

#### Sulpho-carbolate of Soda in Diphtheria.

ED. MED. AND SURG. REPORTER:—

I notice in the REPORTER, November 25th, 1876, an article from Dr. W. E. Anthony, of Providence, Rhode Island, on the use of sulpho-carbolate of soda in the treatment of diphtheria. I have had a similar experience with the use of this drug in the disease mentioned. I read a report of a case partly thus treated, before the Union Medical Society of northeastern Ohio, in May last, and also the memoranda of other cases in which I used the sulpho-carbolate from the beginning of the complaint. I attribute great value to its use, having exhibited it with marked success in about twenty cases, and I may justly say that I have never used it without good results. With sulpho-carbolate of soda, glycerine and dilute carbolic acid, whisky and milk, and warm inhalations, I have cured cases of diphtheria, which, judging from their severity, would have proved certainly fatal under the old plan of treatment. I think it a remedy which deserves investigation.

P. S. GREENAMYER, M. D.

Smithville, Ohio, Dec. 12th, 1876.

—Forty lady medical students in all are, it is stated, pursuing their studies in the schools of the Faculty, and in the hospitals of Paris, of whom fourteen are English. Of the rest the majority are Russian, and the remaining number are American, German and French ladies.

—Says an exchange:—A bad cold makes all men equal. Yes that's so, says another. There's no aristocracy when we come to the coughin.



## NEWS AND MISCELLANY.

## Northampton Co. (Pa.) Medical Society.

The December meeting of the Northampton County, Pennsylvania, Medical Society was held at Easton, December 20th, 1876, Dr. S. Sandt, President, in the Chair. From the Committee on Medical Intelligence reports were given on Anatomy and Physiology, Obstetrics, Practice, Otolaryngology, and Mental Disease: each report presented some of the opinions of present writers on the respective branches, and elicited quite a lively discussion.

A paper was read by Dr. McIntire, on "Relative Strabismus," and verbal reports given by various members of the Society, of cases of interest happening in their practice, among which was a case of opium poisoning in a child about twelve days old, ending in recovery, fortunately.

An invitation was received and accepted, to visit the Lehigh County Society at its next meeting, several gentlemen of that Society being present at our meeting. X.

## Wagner Institute.

We are sorry to hear of the late injury to Professor Wagner, of the Wagner Institute. During the icy weather he fell and badly sprained a wrist.

The well known and highly appreciated institution founded by this gentleman is now closed for the customary vacation between the autumn and winter courses of lectures. During the autumn it was well attended by ladies and gentlemen from every section of the city, also by medical students from the woman's as well as from the male colleges. Two of the lecturers are from our profession: Dr. Deal, on chemistry; Dr. C. C. Vanderbeck, on the anatomy and physiology of the nervous system.

## Medical Associations in Sweden.

There are five distinct medical organizations in Sweden, which are in active and prosperous condition. The most important of these is the Medical Society of Stockholm, which meets once a week, and has a large and influential membership, among which may be counted the faculty of the Carolina Medico-Chirurgical Institute. Professor E. Odmansson is the President.

## Malignancy of Diphtheria.

A sad illustration of the destructiveness of diphtheria is reported by a Paris correspondent. A whole family, consisting of father and mother and two children, were attacked with the disease, and carried off in a short time. Dr. Regnault, who attended them, became infected, and, in spite of the care of one of his medical colleagues, Dr. Biset, died also in twenty-four hours. Dr. Biset was then attacked, and ex-

pired after a very brief illness. The extraordinarily fatal nature of diphtheria at times was never more terribly exemplified.

## The Rhode Island Medical Society.

A quarterly meeting of the Rhode Island Medical Society was held last month, in Providence. The Secretary, Dr. W. E. Anthony, read a paper on the subject of "Diphtheria," giving statistics in regard to the present epidemic of the disease in that city, and his observation and treatment, based upon the analysis of eighteen cases occurring in his practice.

Physicians from Woonsocket, Lonsdale, South Kingstown and Portsmouth, reported that the disease was not present epidemically in their respective towns.

Dr. Snow read a newspaper report of an epidemic of diphtheria, now prevailing in New York City.

Dr. C. H. Fisher reported a case occurring in a child eight weeks old.

Dr. Garvin, of Lonsdale, spoke of the cause of various epidemics in the north part of the State. He noticed that they seemed to follow the course of the Blackstone river.

Dr. Morton reported two cases of diphtheria followed by paralysis.

Dr. L. S. Hill reported a case of Peritonitis, where a post-mortem examination revealed an extensive ulceration of the appendix vermiformis, which was dependent upon a concretion which was found there, and which was thought to be a lemon seed.

## Personal.

—Dr. Liedenwald, of New York, committed suicide in Baltimore, on December 23d, by stabbing himself with a surgeon's knife.

—Karl Ernst von Baer, the distinguished naturalist, died on the 28th of November, in the eighty-fifth year of his age, at Dorpat, Russia. He enjoyed a high reputation among the savans of Europe.

—Professor Valentin, of Berne, the discoverer of ganglion cells and ciliated epithelium, celebrated the fortieth anniversary of his academic career on November 6th, and was presented by the medical faculty with a congratulatory address and a bronze statue of himself.

—The Academy of Sciences and the Chemists of Paris celebrated, on the 15th of November, the fiftieth anniversary of the nomination of M. Chevreul as member of the Academy, in compliment to him. M. Chevreul ended his ninetyeth year of age in the last week of August, and bears his age with a wonderful degree of mirthfulness.

—A physician of five years' experience wishes to obtain a situation with an older physician in Philadelphia who desires to retire from active practice. Not afraid of hard work. Address Doctor, care MEDICAL AND SURGICAL REPORTER.

## Items.

—A visitor at asylums relates an incident almost unparalleled in its incomprehensibility. He went to a private lunatic asylum which he had previously visited, and seeing there a distinguished looking man sitting moodily alone, went up and said to him, "How do you do? I think I have seen you before. May I ask your name?" "My name," returned the man fiercely. "I am Alexander the Great!" "Why," said the visitor, who suddenly remembered having already had a discussion with the man, "the last time I was here you were St. Paul!" "Yes, of course," the man rejoined quickly, "but that was by the first wife."

—Diphtheria in New York city now prevails to an alarming extent, the number of deaths from it during the first two weeks of December being given at 89, and for the third week about 80. The percentage of deaths is 12 in 100.

Hitherto Philadelphia, although not entirely exempt from its presence, has suffered severely, and the hope is indulged that it may continue free from the presence of this dreaded disease.

—Ten doctors sent in their bids to be county physician of Camden Co., N. J. The cheapest Doctor was \$375.00 per year; the one who appraised himself highest estimated his services at \$500.00 per year. The joke was that the one appointed did not bid at all.

—The New York papers still dwell with great earnestness upon the brutality of the treatment of insane persons in the Bloomingdale Asylum, and if reports be correct in regard to that institution, there is room for comment.

—A student has commenced suit against the Louisville Medical College, claiming that its representations are fraudulent and its charter forfeited. The suit is attracting considerable attention in medical circles.

—The ashes of De Palm weighed 5½ pounds, and the cost of incineration was \$40.

### QUERIES AND REPLIES.

#### Chronic Diarrhea.

The following additional replies have been received:—

"In Dr. L. D. B.'s case of chronic diarrhoea, I would suggest the use of the following:—

R. Mucilag. acaciae,	half an ounce
Bals. copab.,	two drachms
Tr. opil.	one drachm
Spts. nit. dulcis,	three drachms
Aque,	q. s. ft. three ounces. M.

Sig.—A teaspoonful as often as the bowels are moved. Wm. B. BIGLER, M. D.

"I would suggest to Dr. L. D. B. the following formula, to be used in the case of the old soldier:—

R. Pulv. capsici,	gr. xv
Pulv. leptandrin,	
Pulv. podophylli,	ss scruples iss.

Divide into thirty pills. Two to be taken three or four times a day for two days, then decrease to one once daily." S. N. MYERS, M. D.

#### Rheumatic Arthritis.

Dr. L. L. P., of Maryland, would like suggestions in the treatment of this obstinate and painful affection.

Charta, Ind.—"Have the influences of magnetism (not electro-magnetism) been used in therapeutics, and where can any work on the subject be found?"

Ans.—No positive results have ever been attained by the use of magnets in disease. Dr. Carpenter, the physiologist, has, we believe, written something on the subject.

### MARRIAGES.

ALLEN—ASHLEY.—In Philadelphia, Oct. 10th, 1876, by Rev. Adam Wallace, George W. Allen, M. D., late of this city, and Miss Anna E. Ashley, of Port Republic, Atlantic Co., N. J.

BROOKS—PRESTON.—In Baltimore, Dec. 5th, by Rev. R. G. Johnson, Nathaniel G. Brooks, M. D., of Charlestown, N. H., and Emma A. Preston, of Baltimore, Md.

DANCY—NELMS.—At the residence of the bride's mother, by the Rev. J. T. Pickett, Dr. F. W. Dancy and Mrs. Kate Nelms, all of Holly Springs, Mississippi.

DECKARD—WILLS.—Thursday evening, Dec. 14th, at the residence of the bride's parents, No. 19 Elizabeth street, by the Rev. P. B. Morgan, of St. John's P. E. Church, Dr. J. W. Deckard, of Richfield, Pa., and Miss Emma V. Wills, of Cincinnati.

ELLIS—EASLER.—On the 4th ultimo, by the Rev. H. C. Westwood, D. D., Mell Brantley Ellis, M. D., of Osyka, Mississippi (formerly of South Carolina), and Lily Forsyth, daughter of the late John Easler, of Philadelphia.

GARSDIE—RAPELYE.—In St. James' Church, Newtown, Long Island, on the 14th ult., by Rev. Samuel Cox, D. D., Win. B. Garsdie, M. D., of Brooklyn, N. Y., and Miss E. Josephine Rapelye, of Newtown.

GROSS—REVERE.—On Dec. 28th, Dr. S. W. Gross, of Philadelphia, and Miss Grace Revere, of Boston.

LEFFMANN—FRANK.—On the 29th of November, by his Honor Wm. S. Stokley, Mayor of Philadelphia, Henry Leffmann, M. D., and Fannie, daughter of Henry Frank, Esq., all of this city.

SARGENT—CALDWELL.—November 7th, at Newburyport, Mass., by the Rev. W. M. Baker, of Boston, Winthrop Sargent, M. D., of Philadelphia, and Anna C., daughter of the late W. W. Caldwell.

STEVENS—ROBINSON.—At Syracuse, N. Y., on Wednesday, November 29th, at the residence of the bride's parents, by the Rev. S. Weeks, of Cincinnati, Carrie I. Stevens, daughter of Dr. E. B. Stevens, and Mr. Clint C. Robinson, of Evansville, Ind.

### DEATHS.

CLOUD.—On the 7th ult., at his residence, West-Hill, near Burlington, N. J., Dr. Charles R. Cloud, in the thirty-third year of his age.

DEYO.—At Newburg, N. Y., December 16th, 1876, Cornelia B., wife of Nathaniel Deyo, M. D.

ECKERT.—On the 25th ult., Charles M. Eckert, son of the late Dr. George N. Eckert, aged nineteen years.

JOHNSON.—On the 19th ult., at Washington, D. C., Dr. W. P. Johnson, aged sixty-five.

MALIN.—On the 27th ult., Mrs. Mary C. Malin, wife of Dr. John Malin, in the 27th year of her age.

PANCOAST.—In this city, on the 16th ult., Susan G., wife of S. Pancoast, M. D., aged 41 years.

SCHMOELE.—On the 27th ult., Henry Schmoele, M. D., of Philadelphia, of heart disease.

SCHOALES.—On the 26th ult., Dr. Marcus Schoales, of this city.

TALMAGE.—In this city, on December 13th, Edwin S. Talmage, M. D.